

Entered -07-12-01 - sb
CL 01L0446 - GWENDOLYN BURNS

CLAIM OF:

JAMES C. DICKSON
5517 Martina Way
Atlanta, Georgia 30338

01- *R* -1409

For vehicular damages alleged to have been sustained as a result of a construction site in the roadway that was left in an open and unsafe condition on June 17, 2001 at 1450 West Peachtree Street.

THIS ADVERSED REPORT IS
APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0446

Date: August 26, 2001

Claimant /Victim JAMES C. DICKSON
BY: (Atty) (Ins. Co.) _____
Address: 5517 Martina Way, Atlanta, Georgia 30338
Subrogation: _____ Claim for Property damage \$ 963.83 Bodily Injury \$ _____
Date of Notice: 7/10/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 6/17/01 Place: 1450 West Peachtree Street
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when he drove over a construction site in the roadway that was left open and in an unsafe condition. An investigation determined that a private contractor performed work at the incident location. The claimant has been advised of this and his claim has been forwarded to the company for resolution.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others X Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 08-30-01
Committee Action: _____ Council Action _____

RECEIVED JUN 11 2001

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 7/2/01

ENTERED - 7-12-01 - SB
01L0446 - GWEN BURNS

BURNS

07/10/01

963.83

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 963.83 proper and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 06/17/01 2. Time of Incident: 9:15 pm 3. Police called: X
(month/day/year) Yes No

4. Location of incident (including street address): 1450 W. Peachtree (see enclosed pictures)
close to the Peachtree St and W. Peachtree intersection

5. Name of your insurance company: The Phoenix Insurance Company Policy No. 993191999 1001

6. State what and how incident occurred: Traveling on West Peachtree in lane to the
85 access road. Two holes were dug out in pavement without any
markers. Drove over both holes bending rims on car. The following day
I returned to take pictures, the holes were paved over.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Acura Legend 1994 996 254 James C. Dickson
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Kathy Dickson 5517 Martina Way Atlanta, Ga. 30338 770.394.2968
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

James C. Dickson
(Print Claimant's Name)

5517 Martina Way
(Address)

Atlanta, Ga. 30538
(City, State and Zip Code)

770.96.1349 404.388.5791
(Work Number) (Home Number)

01-R-1409